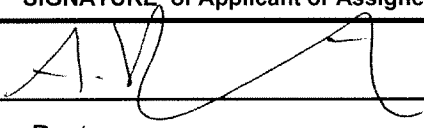


POWER OF ATTORNEY AND CORRESPONDENCE ADDRESS INDICATION FORM	Application No.	10/521,687
	Filing Date	October 20, 2005
	First Named Inventor	Asher Bartov
	Group Art Unit	3644
	Examiner Name	Xavier, Valentina
	Attorney Docket Number	8327P001XC
Title	APPARATUS AND METHOD FOR CONTROLLING AERIAL REFUELING HOSE	

I hereby revoke all previous powers of attorney given in the above-identified application:					
<input checked="" type="checkbox"/> I hereby appoint the practitioners associated with Customer Number: 08791 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected herewith.					
Please recognize or change the correspondence address for the above-identified application to: <input checked="" type="checkbox"/> The address associated with Customer Number: 08791 OR					
<input type="checkbox"/> Firm or Individual Name		BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP			
Address		1279 Oakmead Parkway			
Address					
City	Sunnyvale	State	California	Zip Code	94085-4040
Country	U.S.A.	Telephone	(310) 207-3800	Fax	(310) 820-5988
I am the: <input checked="" type="checkbox"/> Applicant/Inventor. <input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under of 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</i>					
SIGNATURE of Applicant or Assignee of Record					
Signature				Date	10/18/07
Name	Asher Bartov			Telephone	310-2974000
Title and Company					
<small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small>					
<input type="checkbox"/> *Total of _____ forms are submitted.					